BATISHT ABBI ICATION OF BETTALL								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  107891.40												49
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN  (Column 1) (Column 2) TYPE - OR SMALL ENTITY												
T	OTAL CLAIM	S	2-3				RAT		FEE	OR T	RATE	ENTITY
F	OR		NUMBE	RFILED	NUM	NUMBER EXTRA		BASIC FI	<del></del>	OF		
Ţ	OTAL CHARGE	ABLE CLAIMS	2.3m	inus 20=	• •	.3		XS 9=	1.1	1	, va.	
IN	DEPENDENT (	CLAIMS	9 minus 3 = 15					X43=	+ 4 -	OR	-	
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT						1250	OR	X86*	
* If the difference in column 1 is less than zero, enter "0" in column 2							+145=	1	OR	+290=		
	CLAIMS AS AMENDED - PART II							TOTAL	1670	OR		<u></u>
	6 13/	(Column 1)				(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	.23	Minus	- 3	-	•		X\$ 9=		OR	X\$18=	PEE
<b>CHE</b>	independent	. 9	Minus	•••	9	a	•	X43=	1	OA	X86=	
_	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CZAIM		╏	. 145-		-	· · ·	
	1 .1						L	+145=	<del> </del>	OR	+290=	
1	30 06 (Catumn 1) (Catumn 2) (Calumn 3						٨	DDIT. FEE		OR	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>Z</b>	Total	. 22	Minus	- d	<u>3</u> -	- 0	6	75.2€ <b>X\$9</b> ₽		OR	5°.00 <b>X316</b> =	
AME	Independent	Minus				1	¥43€			5100.0t	) · · · ·	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	•	
		•					L	+145=		OR	+290= 101AL	
		(Column 1)		•	<b></b>		. 4	DOTT. FEE	L	QR ,	NOOT FEE	
5	CLAIMS HIGHEST							-	400	٠.		
AMENDMENT C		AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	-		•		X\$ 9=		OR	X\$18=	
Ŧ	Independent • Minus FIRST PRESENTATION OF MULTIPLE			enuent (	•		X43=		OR	X86=		
	·		·	ERUENI (	ALAUM.			•145 <del>=</del>			+290=	
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.												
~7	i the "Highest Nu	mber Previously Paid ber Previously Paid	id For IN THE	R RPACE In L	ees than	3		Off. FEE	السند	•	DOTT. FEEL	
	_ •		frames	· · · · · · · · · · · · · · · · · · ·	A A IN	-Autor imimas			-charge box	m dagn		

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